

At the request of the Michigan Office of Financial and Insurance Services, the NAIC designations were changed.



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2003  
OF THE CONDITION AND AFFAIRS OF THE

SelectCare HMO, Inc.

NAIC Group Code	1311 <small>(Current Period)</small>	1311 <small>(Prior Period)</small>	NAIC Company Code	95464	Employer's ID Number	38-2598455
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]		Dental Service Corporation [ ]	
	Vision Service Corporation [ ]		Other [ ]		Health Maintenance Organization [ X ]	
	Hospital, Medical & Dental Service or Indemnity [ ]		Is HMO, Federally Qualified? Yes [ ] No [ X ]			
Incorporated	12/03/1984		Commenced Business	07/01/1986		
Statutory Home Office	2850 West Grand Boulevard <small>(Street and Number)</small>			Detroit, MI 48202 <small>(City or Town, State and Zip Code)</small>		
Main Administrative Office	2850 West Grand Boulevard <small>(Street and Number)</small>			313-872-8100 <small>(Area Code) (Telephone Number)</small>		
	Detroit, MI 48202 <small>(City or Town, State and Zip Code)</small>					
Mail Address	2850 West Grand Boulevard <small>(Street and Number or P.O. Box)</small>			Detroit, MI 48202 <small>(City or Town, State and Zip Code)</small>		
Primary Location of Books and Records	2850 West Grand Boulevard <small>(Street and Number)</small>			248-443-1093 <small>(Area Code) (Telephone Number)</small>		
	Detroit, MI 48202 <small>(City or Town, State and Zip Code)</small>					
Internet Website Address	www.hap.org					
Statutory Statement Contact	Diana Ronan, CPA <small>(Name)</small>			248-443-1093 <small>(Area Code) (Telephone Number) (Extension)</small>		
	Dronan@hap.org <small>(E-mail Address)</small>			248-443-8610 <small>(FAX Number)</small>		
Policyowner Relations Contact	2850 West Grand Boulevard <small>(Street and Number)</small>			313-872-8100 <small>(Area Code) (Telephone Number) (Extension)</small>		
	Detroit, MI 48202 <small>(City or Town, State and Zip Code)</small>					

OFFICERS

President	Francine Parker #	Secretary	Maurice E. McMurray
Treasurer	Ronald W. Berry #		

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Maurice E. McMurray	Francine Parker	
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State of .....Michigan.....  
County of .....Wayne.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Francine Parker President	Maurice E. McMurray Secretary	Ronald W. Berry Treasurer
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Subscribed and sworn to before me this 14th day of September, 2004	a. Is this an original filing? Yes [ ] No [ X ] b. If no, 1. State the amendment number 1 2. Date filed 09/14/2004 3. Number of pages attached 1
Roderick I. Curry, CPA Notary August 14, 2006	